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<b>SERIAL NUMBER</b> 10/633,933	<b>FILING OR 371(c) DATE</b> 08/04/2003 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2179	<b>ATTORNEY DOCKET NO.</b> 16223-00037
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**\*\* CONTINUING DATA \*\*\*\*\*** *SKB 11/25/06*  
 This appln claims benefit of 60/452,893 03/07/2003 and claims benefit of 60/400,772 08/02/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None SKB 11/25/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\*** *SMALL ENTITY* ~~1.16~~  
 \*\* 10/31/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SKB</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
33772

**TITLE**  
Object identification system

<b>FILING FEE RECEIVED</b> 566	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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